What is a Mnemonic?

Derived from antiquity!
First documented by Roman and Greek philosophers in 500 B.C.

“Mnemonic” stems from Greek words:
- Mneme (memory)
- Mnemon (mindful)
- Mnemosyne (Greek Goddess of Memory)

- Used for memorization of long speeches by Greek poets by means of a loci et res (structure and items)

Five Types of Memory:

- Semantic memory
  Not learned from experience: colors, alphabet
- Episodic memory
  Details of events requiring processes: encoding, consolidation/storage and retrieval.
- Procedural memory
  We remember how to perform everyday tasks, such as tying shoes
- Automatic memory
  Unconscious memory enabled by previous experience
- Emotional memory
  Cue leads to retrieval of a conscious memory about emotional event causing emotional response in new situation.

Examples of Mnemonics

Remembering material:
Medications that need double checking by two nurses in pediatrics:
- D’Bitchen
- Digoxin or any cardiac medication
- Blood and blood products
- Insulins or any hypoglycemic
- Chemotherapeutics and related anti-cancer drugs
- Heparin or any anticoagulant
- Electrolytes
- Narcotics

Triggering safe actions:
- CAB

Assessment of 12 cranial nerves

Discussion Thoughts
What can be done to improve clinical safety in nursing with mnemonics?
Are there areas of safety concern that warrant further research?
What behaviors would you like to see nurses use universally?
What barriers can you anticipate if mnemonics where introduced at your institution?
What is the relationship between mnemonics and check lists

Three General Types of Mnemonics:

- Rhymes
- Acronyms (letter strategy)
- Key words or Pegs

Previous Study: Code Response

Code Blue Mnemonic
Series of components required without task order
ABCD COPI ME

Skills accuracy: 95% skills accuracy increase
(\(t(6,36) = 41.01\))
Confidence: All scores increased after intervention
(\(t(6) = 3.51, p<.01\))

Previous Study: Chemotherapy

Series of components of a safety mnemonic
CHEMO SAFE and SOUND

Pre-Chemo:
- Consent
- Health history and health assessment
- Evaluation of patient, VS, clinical status, labs, neutropenia
- Make sure parent is around
- Organize all supplies, double check chemo the road map

Intro-Chemo
- Safe administration
- Accurately double check all medications
- Fluid and electrolytes safe
- Ensure patent central line with blood return

Post-Chemo
- Symptoms
- Observation
- Urine
- Need for education at home
- Drugs needed for discharge: symptom management

Ideas for Further Mnemonics

- Room safety check
- Quality
- QSEN

Ideas for Further Research:

Hand-Off’s

Just Go Nuts! (A study also for patient handoffs! West Forrest Age)

- Name of patient, diagnosis, room number
- Unusual or unique; variances identified on the individual care plan including critical lab values, pain management, etc.
- Tubes such as IV, NG, catheters, drains, ostomies
- Safety concerns such as falls, medication reconciliation
- Pace (Schneider SI., 2006)

Patient/problem
Assessment/actions
Continuing/changes
Evaluation

Pediatric (Arora, V & Johnson, J. 2006)

Problem list
Expected tasks to be done
Diagnostic one-liner
If/then
Administrative data/advanced directives
Therapeutics
Results and other important facts
IV access/invasive devices
Custody and current issues